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Montana Health Promoter

Volume 1, Issue 3 Autumn 1990

Newsletter of the Chronic Disease Prevention and Health Promotion Program
Montana Department of Health and Environmental Sciences

PLEASE RETURN

Rocky: Montana's Health Promotion Tradition

More than 100 educators, health professionals and business leaders met on the campus of Montana State University in Bozeman from Aug. 11 through Aug. 16 to learn more about conducting effective health promotion programs in the workplace. The Rocky Mountain Health Promotion Conference has been held annually in Montana since 1985.

A unique element in Rocky's history is that it serves the health promotion communities of two states, Montana and Wyoming. In the early years Rocky was held in Billings, where numerous teachers from northern Wyoming school districts were easily able to attend. These teachers became active in the program planning, and when Wyoming didn't develop a conference of its own, it was decided that Rocky should serve both states. Since that time, Rocky has been planned by a committee representing Montana and Wyoming, with cooperation from the state departments of health and education in both states. With participants from all sectors of the "adult school community," the primary focus of the conference is on personal health and growth.

Based on the concept that people can more readily be influenced to engage in healthy lifestyle behaviors in a supportive work environment, registration of a team of professionals from each worksite is encouraged. The team members develop a personal wellness plan, as well as a team action plan, to design or enhance a health promotion program for their workplace. The individual plan is a personal commitment made by each team member to improve some health-related area of their lifestyle. Participants are encouraged to attend program sessions that are of particular interest to them as well as being beneficial to their sponsoring organization. The end result of the conference is the development of the workplans.

The program format for most wellness conferences, including Rocky, consists of general sessions designed for all participants. Topics presented recently have included: how to design a successful wellness program, marketing strategies to ensure participation, working women and health, self-esteem, stress control, physical fitness, and nutrition. Each year, nationally recognized speakers are selected based on their expertise in health issues of interest to educators and human resource managers from Montana and Wyoming. In 1990 featured speakers were Fred Leafgren, Assistant Chancellor of the University of Wisconsin, Stevens Point; Judith LaRosa, Coordinator for the National Heart Attack Alert, National Heart Lung and Blood Institute, Bethesda, Maryland; and Joanne Owens-Nausler, Health and Physical Education Consultant to the Nebraska Department of Education in Lincoln, Nebraska.

Concurrent breakout sessions offer participants the opportunity to choose from a variety

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From the Editor

Louis W. Sullivan, M.D., Secretary of the Department of Health and Human Services, recently stated that health promotion tops his agenda. At the confirmation hearing, he stated, "Health promotion strategies would be the number one priority in the Department because of the many benefits that it would bring to our population. And it would cause, I think the biggest bang for the bucks available."

James Mason, Assistant Secretary for Health, in recent testimony before a Senate Subcommittee stated, "More is needed to support prevention—more personal investment on the part of Americans whose lifestyles affect their risks of chronic disease, long-term disability, and premature death; more professional attention to preventive interventions that can reduce the need for expensive, painful therapies; more public and private financial resources aimed at supporting healthier environment and healthier decisions, especially among those who because of low income, minority status, age, or gender are at higher risk."

Mason's testimony parallels conclusions reached by the Governor's Council on Health Care Cost Containment in Montana in 1987. Health promotion offers improved health and quality of life, as well as providing an alternative to escalating health care costs. In 1988, the Montana Department of Health and Environmental Sciences was asked by the Executive Branch to prioritize the department's needs. The department's administration identified a strong chronic disease prevention program as the biggest need.

How can these issues be addressed in a coordinated fashion? An opportunity exists to formulate objectives to improve the health status of Montanans. A framework for developing Montana's health objectives already exists in the Year 2000 Health Objectives for the nation. Through this process activities can be focused on areas of greatest concern including infant mortality, disability, life expectancy and minority health. The goals and objectives proposed in this process offer an avenue to describe the condition of Montana's health in measurable terms, and target programs for the Year 2000.

Robert W. Moon, M.P.H.
Health Services Manager
Chronic Disease Prevention
and Health Promotion Program

Rocky, *continued from page 1*

of programs which satisfy their personal interests. These may be smoking cessation, exercise, spirtual health, Yoga, massage, weight control, low back injury prevention, or health screenings. Topics of current interest both to school personnel and business participants include AIDS education, drug and alcohol prevention, health risk appraisals, and employee assistance programs. Team meetings held throughout the week enable members to prepare a workplace action plan tailored to their organization, which is reported to all participants at the close of the conference.

The campus of Montana State University at Bozeman, offers a setting that enhances Rocky's outstanding recreational experiences. Fly fishing, trail hikes, mountain biking, and scenic excursions including a now-famous Yellowstone River float (the water isn't wild, but the floaters are) provide participants an opportunity to exchange information, network with peers throughout the region and take part in a memorable and beneficial experience. Positive interaction and cooperation between the education and business communities have led to the sharing of resources and programs that contribute to enhanced wellness throughout each state.

To receive future mailings and announcements about the Rocky Mountain Health Promotion Conference, send your name and address to Health Promotion Program, Department of Health and Environmental Sciences, Cogswell Building, Room C314, Helena, MT, 59620.

Year 2000 Goals Announced in September

The National Health Promotion and Disease Prevention Objectives for the Year 2000 were released at a conference in Washington, D.C., on September 6-7.

The objectives, which succeed the 1990 objectives set in 1980, set out a prevention agenda for the 1990s for improving health status, reducing risk factors for disease and disability and improving services, according to the Office of Disease Prevention and Health Promotion.

The Department of Health and Human Services invited 1,500 national, state and local leaders to launch the initiative.

The new objectives have been in the making for three years with input from a range of organizations. Public review and comment on the draft objectives occurred late last year and final revisions are being done now.

Information is available from: ODPHP, Room 2132, 330 C St., SW, Washington, D.C., 20201, (202) 472-5307.

Director's 1990 Community Health Promotion Awards Announced

Donald E. Pizzini, who was then serving as director of the Montana Department of Health and Environmental Sciences, presented four Director's Community Health Promotion Awards for 1990 during the annual meeting of the Montana Public Health Association on April 12 in Lewistown.

Programs recognized are "Promoting Action for Teen Health," sponsored by Healthy Mothers, Healthy Babies, the Montana Coalition; "Teddy Bear Clinic," offered by the Poplar Community Hospital and Nursing Home; "UM Wellness Program," conducted by the University of Montana Wellness Center; and "Case Management for Children and Families with Special Needs," offered by the Roosevelt County Health Department. These programs have been submitted for national recognition to the U.S. Department of Health and Human Services which created the awards program in 1983. Montana Department of Health and Environmental Sciences has co-sponsored the biennial awards program in Montana since that time. The purpose of the program is to recognize local health promotion activities which have contributed to the accomplishment of the 1990 Health Objectives for the Nation.

The U.S. Department of Health and Human Services has recognized the Montana programs as "outstanding." Each will be receiving a plaque honoring their achievements.

Report on Montanans' Health Behaviors Published

The Montana Department of Health and Environmental Sciences has published a report of the findings of five years of health risk behavior surveys. Each month 99 Montanans are randomly selected and interviewed by telephone. The report presents information on adult Montanans' behavior in the areas of seatbelt use, exercise, tobacco and alcohol use, hypertension, obesity, cholesterol and medical checkups.

To request a free copy of the report, please return the form below to Health Promotion Program, Dept. of Health and Environmental Sciences, Cogswell Building, Room C314, Helena, MT, 59620.

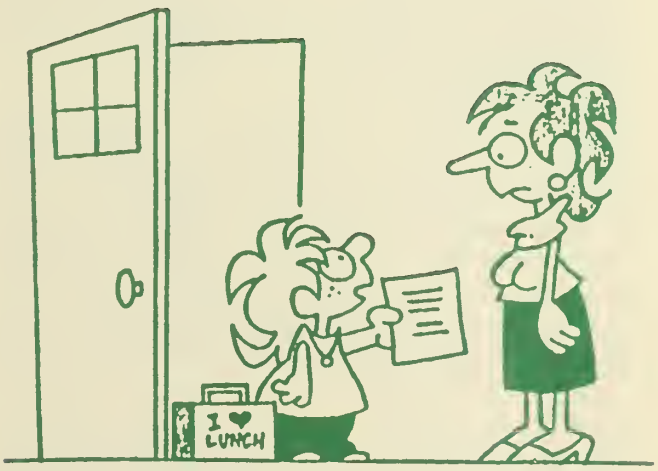
Please send me a copy of the 1984-88 Montana Behavioral Health Risk Survey.

Name _____

Organization _____

Address _____

City/State/Zip _____



"I flunked my nutrition test! I thought the four foods groups were canned, frozen, lite, and instant."

National Overview of Worksite Health Promotion

by Judith H. LaRosa, Ph.D., R.N., C.H.E.S.

Worksite health promotion and disease prevention has become an increasingly important part of business in America. An estimated 66 percent of companies (of over 50 employees) have at least some health promotion activities with larger companies having more activities and programs—often multiple risk reduction efforts. A national survey showed that health promotion programs are recognized as an important offering to employees and are believed by many company managers to be an important part of human resource management.

Unfortunately, not all businesses have adopted health promotion activities and programs. Small and rural businesses, those with special types of workers (off-site workers, migrants) or those with special missions (schools, farms, fire and police departments), and others tend to have minimal or no health promotion efforts. Even within the larger companies many workers are still not being reached. Blue collar workers, minorities, off-site workers, single parents, and others are often not a part of these worksite efforts. Yet, all workers need to maximize their health and minimize disease.

Many reasons exist for not establishing worksite health promotion programs: economic and personnel constraints, lack of knowledge and lack of interest. But, in almost every case each one of these problems can be addressed. Individuals and groups are endlessly creative in making activities and programs happen and resources exist, often from unexpected sources.

One of the most important concepts in establishing worksite health promotion programs is to recognize that a worksite is part of a community, often an integral part. Schools, businesses, libraries, churches, police and fire departments, grocery stores and local voluntary organizations are all worksites within a community. As such, each is related to and often reliant on the other and the community. If one benefits, all benefit. This concept of mutual reliance often enables health promotion efforts being driven deeply into the community, to reach those who are not always available for or interested in health promotion efforts: single-parents with time and money constraints, minorities who may feel unwelcome or strange in "red carpet" health promotion programs, off-site workers who do not have access to on-site programs and those with compromised reading skills who cannot understand written materials and health promotion tips handed out at programs and screenings. Past knowledge and experiences, coupled with the will to include all our citizens, can make worksite health promotion and disease prevention an integral part of community public health.

Women, Work and Health

by Judith H. LaRosa, Ph.D., R.N., C.H.E.S.

Do women who work face the prospect of ruining their health? Can they handle the stress of maintaining two jobs: the one at home and the one at work? Do women adopt bad health habits as a way of relieving stress? What can you do about it—professionally? personally?

For some working women a job is a terrible chore to be endured. For others it is an exciting opportunity to be seized. Present evidence suggests that women who work in lower-paying jobs, have non-supportive bosses, several children, and a blue collar husband are at greater risk for coronary heart disease (CHD). Many believe that they have little control over their lives, either at home or at work. Other evidence suggests that women in positions where they perceive power and authority over their work are largely satisfied with their personal and professional lives and may be at lower risk for CHD. Whether these findings can be translated into programs which promote better health among working women remains to be seen. Some facts are clear, however. Every woman can exert some control over her life by reducing risks to her health: stopping smoking, controlling blood pressure and blood cholesterol lev-

els, maintaining appropriate weight, exercising and managing stress.

Judith H. LaRosa, Ph.D., R.N., C.H.E.S., is the coordinator of The National Heart, Lung and Blood Institute's Workplace Initiative at National Institutes of Health in Bethesda, Maryland. She received her doctorate in Health Education from the University of Maryland where she now serves as a faculty lecturer. She also conducts her own research related to women, work and health and has received the Special Achievement Award for the National Heart, Lung and Blood Institute in 1987 and the Award of Merit to the Office of Prevention, Education and Control in 1988. The two articles that appear here are abstracted from presentations Dr. LaRosa gave at the Sixth Annual Rocky Mountain Health Promotion Conference in Bozeman during August.

Resources

Health Promotion Programs and Materials, booklet, 10 pages, 1988.

This catalog lists print and audiovisual materials for use at the community level that are for sale by the Health Promotion Resource Center of the Stanford Center for Research in Disease Prevention. Subjects include heart health, nutrition, weight control and smoking.

Available from the Health Promotion Resource Center, Stanford Center for Research in Disease Prevention, 1000 Welch Road, Palo Alto, CA, 94304-1885; (415) 723-1000.

Wellness Program Manuals from Corporate Health Designs of Seattle. These twenty different manuals have been developed to help employers implement effective employee health promotion programs. Manuals include "Planning Your Employee Wellness Program: A How-To Manual," "Evaluating Your Employee Wellness Program: Strategies and Tools for Documenting Your Results," "Planning Fitness and Wellness Contests," "Low Budget Wellness Options for Small Employers," "Six Noontime Wellness Activities" and more.

Available from Corporate Health Designs, P.O. Box 55056, Seattle, WA, 98155, (206) 364-3448, for $15 each, plus $1 shipping.

Chronic Disease Prevention and Health Promotion Program of the Montana Department of Health & Environmental Sciences is developing a resource library. Worksite health promotion materials in the collection may be helpful to those planning and implementing programs. Journals and newsletters in the collection include issues of: *American Journal of Health Promotion; Health Education Quarterly; Worksite Wellness Works; Employee Health and Fitness;* University of California, Berkeley's *Wellness Letter; HealthAction Managers; Health Resources; CareWise;* and more. Materials may be loaned. In addition, staff members are available for consultation on worksite health promotion programs and other related activities.

For assistance or information contact: Chronic Disease Prevention and Health Promotion, Dept. of Health and Environmental Sciences, Cogswell Building, Room C314, Helena, MT, 59620 or phone (406) 444-2640.

Make Workplace Wellness Programs Work for Your Company is a new brochure designed to help get decision makers at workplaces interested in the idea of establishing wellness programs. This National Heart, Lung and Blood Institute publication tells how these programs can benefit employees as well as the company. It gives ideas for starting a program and offers information and sample materials from the NHLBI Information Center.

For a free copy contact the NHLBI Information Center, 4733 Bethesda Ave., Suite 530, Bethesda, MD, 20814-4820, (301) 951-3260.

Workplace Facts on Heart Disease and Stroke gives pertinent facts on how diseases affect workers and their employers. The four-page fact sheet from the National Heart, Lung and Blood Institute is designed to provide data to justify starting, maintaining or expanding a cardiovascular disease risk reduction program.

For a free copy contact the NHLBI Information Center, 4733 Bethesda Ave., Suite 530, Bethesda, MD, 20814-4820, (301) 951-3260.

Wellness at Work: A Practical Guide for Health Promotion in Small Business is a booklet designed to give practical, concrete help in beginning and maintaining a health promotion program in a small business. Produced by the Montana Department of Health and Environmental Sciences, this publication is directed toward businesses employing 20 to 250 people, in which personnel and financial resources for such a program may be limited.

Available free from Chronic Disease Prevention and Health Promotion Program, Dept. of Health and Environmental Sciences, Cogswell Building, Room C314, Helena, MT, 59620, (406) 444-2640.

Design of Workplace Health Promotion Programs, by Michael P. O'Donnell, M.B.A., M.P.H., 47-page book, 1988.

This text is written for professionals who are starting or updating a wellness program. It contains detailed information about factors that

continued on page 6

Resources, *continued from page 5*

should be considered in the design of a program.

Available from American Journal of Health Promotion, 1812 S. Rochester Road, Rochester, MI, 48063, (313) 650-9600, $17.95.

Adventures in Wellness: A Step-by-Step Guide to Implementing a Worksite Wellness Program, by Leigh Anne Musser, M.P.H., and Cindy Hauss, M.Ed., 93-page book, 1989.

One highlight of this guidebook is a 20-page appendix listing journals, newsletters, catalogs, sources for free materials and helpful, health-oriented organizations. This book is geared for the beginner with little or no experience in worksite wellness and includes step-by-step instructions for organizing a corporate health promotion program.

Available from Adventures in Wellness, 6111 Winsom, #32, Houston, TX, 77057, (713) 792-8065, $13.95.

Coming Up

November	**NATIONAL ALZHEIMER'S DISEASE AWARENESS MONTH** **NATIONAL DIABETES MONTH**
November 4-10	**PATIENT EDUCATION WEEK**
November 15	**GREAT AMERICAN SMOKEOUT**
December 9-15	**NATIONAL DRUNK & DRUGGED DRIVING AWARENESS WEEK**
December 13-14	**GOVERNOR'S FORUM ON SECONDARY DISABILITIES AND INJURY PREVENTION.** Colonial Inn, Helena. Contact Cecilia Cowie, Secondary Disabilities Prevention Program, Dept. of Health & Environmental Sciences, (406) 444-2672.

Please Help Us Out

You can save us time and money by taking a few minutes to complete the form below:

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Address these items to: Jane Smilie, *Montana Health Promoter,* Dept. of Health and Environmental Sciences, Cogswell Building, Helena, Montana 59620.

Funding Facts

Common Pitfalls in Seeking Program Funds

1. You will only pursue funders that *everybody* knows about.
2. You won't *tailor* your proposal for each funder. You will "boilerplate" and "shotgun."
3. You will be rejected and *give up.*
4. You won't pursue *obvious* available funds (e.g., donations, fees for service, subsidizing activities through part-time work).
5. Your written proposal will not reflect what you *know,* and it will not be consistent from section to section.
6. You will *stop* seeking other grants/funds once you are funded.
7. You will not *systematically* search out potential funders from among public, foundation, and corporate sources.
8. You won't thoroughly *do your homework* on each potential funder to determine what their real interests are, geographic preferences, and dollar amounts usually given.
9. You won't cultivate *personal contacts* with funders.
10. You will not get on *bid lists,* receive agency newsletters, or use your network effectively.
11. You won't gather, read, and use the numerous *written resources* on grantseeking and proposal preparation.
12. You will take rejection personally and neglect to *cultivate a relationship* with a funder for "down the road."
13. When a funder rejects your request, you will not talk with the funder to *find out why.*
14. If you are funded you will not keep the funder *adequately apprised* of your progress.
15. You will not develop a *grantwriting plan* and thus you'll "burn out," miss "impossible" deadlines, or submit proposals that are not up to your capacities or standards.

Source: Community Systems, 1989.

State Employees Improve Health Habits

by Linda Kaiser
Administrative Officer
Employee Benefits
Montana Department of Administration

Almost 3,000 state employees and their spouses recently completed a state sponsored health assessment.

Health assessments are part of a health promotion program named HealthBeat. HealthBeat is sponsored by the State Personnel Division, Department of Administration and assessments are provided through contract by LifeCare of Saint Vincent Hospital and Health Center located in Billings.

The HealthBeat Program is funded through interest earnings of the State Employee Health Insurance Fund to help control claims costs.

Health assessments provide a free cholesterol check, a full chemistry screen, a complete blood count and a health assessment booklet which includes blood pressure, height and weight. (See table for specific results.)

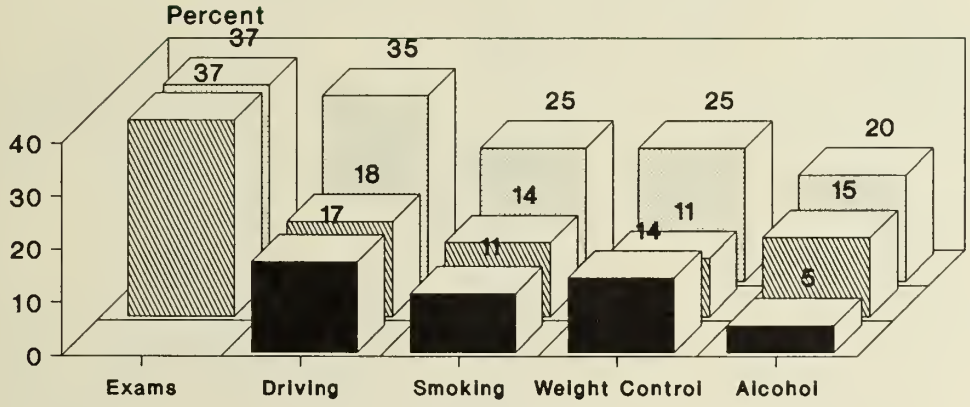
Employees with identified health risks are encouraged to participate in risk reduction programs such as smoking cessation, weight control and aerobic exercise.

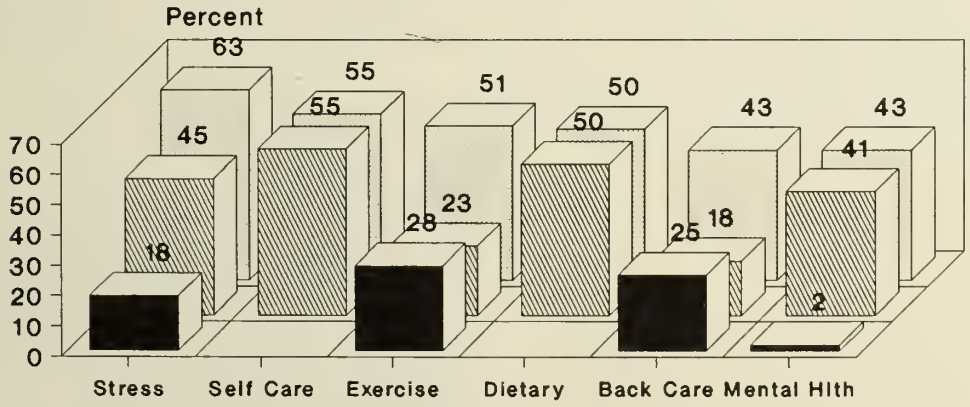
In 1990 participants exhibited a significant decrease in five health risk areas: eating habits, weight control, driving, exercise habits and mental health. The percentage of state employees in the risk group for cholesterol dropped from 37 percent in 1989 to 18 percent in 1990. These individual self-improvements potentially averted $2,976 in annual health care costs per participant.

New health habits really can lower yearly health care costs, increase work attendance and save lives.

1990 HEALTH ASSESSMENT

Montana State Employees





Beyond Disability

The Mountain DOG recreation program, functioning under the auspices of SUMMIT Independent Living Center, Inc., of Missoula, provides social, leisure, indoor and outdoor recreational opportunities for people both with and without disabilities. Mountain DOG offers a variety of activities throughout the year including adaptive downhill and cross-country skiing, wheelchair basketball, wheelchair tennis, kayaking instruction, game/movie/social night, and raft trips. Mountain DOG also arranges other activities as requested by participants, such as camping and fishing trips, ski trips, field trips and adaptive horseback riding instruction. A discount card program is available by which people with disabilities may receive a discount from participating area businesses. Mountain DOG also has a recreational equipment rental program.

For further information on the DOG program, please call or write the SUMMIT offices at 1280 South 3rd Street West, Missoula, MT, 59801, 728-1630.

Legislation Passed To Empower People With Disabilities

President Bush signed the Americans with Disabilities Act (ADA) on July 26, 1990. The bill prohibits discrimination against people with disabilities in employment, public services, transportation, public accommodations and telecommunication services. On September 17, 1990, Governor Stan Stephens endorsed the Act at a celebration sponsored by the Montana Independent Living Project and the Secondary Disabilities Prevention Program of the MDHES.

"Oh sure, now we're equal and right away they want us to be healthy too!"

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